

423 Independent nurse prescribing for CF in a UK adult unit

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Introduction: In 2006 the UK introduced legislation to allow appropriately trained health care personnel to prescribe any medicine (except some controlled drugs) for a condition within their competence, as part of a program to ease the burden on hard pressed medical staff and enhance the role of other workers. In keeping with this, specialist CF nurses in our unit undertook prescriber training: we were interested in assessing their performance.

Method: We audited all outpatient prescriptions over a 7 month period (Feb–Aug 2007) from 2 CF Nurse Specialists who had undergone prescriber training.

Results: Of 115 prescriptions written by the CF Nurse Specialists, 71 (62%) were for multiple drugs (up to 7). In every case, the prescription was appropriate for the nurses' patient group. Fifty six prescriptions (49%) were for intravenous antibiotics, 19 (17%) for oral antibiotics, 27 (23%) for nebulised medications, 8 (7%) for nutritional or vitamin support, 3 (3%) for laxatives, 2 (2%) for anti-fungal medications and 3 (3%) for pancreatic enzymes. The remaining scripts were for a variety of drugs including oral steroids, analgesia, insulin and anti-histamines.

Conclusion: The changes in prescribing legislation in the UK has brought with it a diversity of prescribing options, reflected in the variety of drugs seen in this audit. CF Nurse Specialists are in an ideal position to utilize this change in legislation due to the chronic nature of their patient population. Previously, these prescriptions would have been the responsibility of medical staff: the changes have not only increased nurses' autonomy and professional status, but have made access to timely and appropriate treatment easier for this patient group.

425 Anxiety and depression in CF patients after lung transplantation

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Aim: Transplanted CF patients were screened for anxiety and depression as part of a multi-centre study on psychological aspects of CF and transplantation (Tx).

Method: During 2006, all but two Belgian transplanted CF patients completed the Hospital Anxiety and Depression Scale (HADS). Demographic data collected included age, gender, relationship status, work/study status and living situation. Medical data were time since Tx, lung function and the presence or absence of chronic rejection. Scores were compared to reference scores obtained from a pre-transplant CF patient cohort.

Results: 66 patients participated (37 females, 29 males). Mean age was 32 (st.dev.9) and mean FEV1 was 84% (st.dev. 22). 48 patients (73%) showed no signs of chronic rejection.

For anxiety, 14% of patients scored in the severe range, 24% in the medium range and 62% in the normal range. For depression the results were 4%, 1% and 94% respectively. Anxiety mean scores were not different from reference scores; depression mean scores were significantly lower (2.17 vs 3.36 respectively, $p < 0.05$). HADS scores were not related to the demographic variables, time since Tx or lung function. Patients with signs of rejection scored higher on anxiety.

Conclusions: Of the transplanted CF patients in Belgium, 38% scored in the medium or severe range for anxiety, which is similar to scores of a pre-Tx CF group. Depression scores were significantly lower in the Tx group. Anxiety was higher in patients with chronic rejection. Tx and the continued risk of rejection may enhance feelings of anxiety. CF patients should be screened for anxiety before and after Tx as part of the programme and adequate coping strategies should be promoted.

424 Use of the hospital anxiety and depression scale (HADS) in an adult cystic fibrosis (CF) centre

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People with chronic medical problems are at increased risk of psychological distress. Research findings in the CF population are equivocal although it is suggested that older patients may be vulnerable. The HADS measures severity of anxiety, depression and severity of emotional disorder.

The aim of the study was to evaluate the value of HADS in identifying distressed inpatients and to investigate any relationship with age. It was administered by a CF specialist nurse.

44 patients took part in the study (23 male 21 female) with a mean age of 31 years (range 18–57). In total 25 (49%) patients met the criteria for anxiety and 18 (35%) met the criteria for depression (See table). There was no significant correlation between age and HADS anxiety or depression scores. 12 patients required no intervention, 15 showed clinical signs but chose not to pursue treatment, 8 were referred to psychiatry or psychology or commenced on medication. 9 were already receiving emotional care and/or medication. Of 9 patients asked all felt the score was a true reflection of their emotional state.

Results showed high levels of distress. These may have been inflated due to the inpatient sample. In contrast with earlier findings there was no significant relationship between HADS score and age. As this relationship is likely to be mediated by physical health status, future studies should include measures of disease severity.

The role of the CF nurse is to provide holistic care and using the HADS was a useful tool in facilitating sensitive discussions.

HADS score results

HADS score	Anxiety	Depression
Mild	14 (32%)	12 (27%)
Moderate	5 (11%)	5 (11%)
Severe	6 (14%)	1 (2%)

426 Anxiety and depression in adult patients with cystic fibrosis

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Cystic fibrosis is a complex multi-system disease. Patients often face a number of physical and psychological problems. It is acknowledged that psychological morbidity has adverse effects on the outcome of medical illnesses, and therefore addressing the psychological needs is important. The UK National Consensus Standards for the Nursing Management of Cystic Fibrosis states that patients should be supported by specialist nurses who have knowledge and experience of cystic fibrosis, the disease process and the clinical and psychological outcomes.

80 patients attending the Adult Clinic were asked to complete the Hospital Anxiety and Depression Questionnaire when attending Clinic, with an explanation regarding the purpose of the assessment. Results were then collated. Scores between 8–10 indicate mild symptoms; 11–14 moderate symptoms; 15–21 severe symptoms.

80 CF patients (41 males; age range 18–57) completed questionnaires. 33 patients (41%) reported significant scores (>8) for either anxiety or depression. 26 patients (33%) recorded clinically significant scores for anxiety (17 mild; 6 moderate; 3 severe); 17 were female (65%). 7 (9%) reported clinically significant scores for depression (3 mild; 3 moderate; 1 severe); 5 were male (71%). Those with depression also had high scores for anxiety; 4 were male (57%).

Anxiety was more prevalent than depression. Anxiety was more common in women. These results indicate the need for the cystic fibrosis team to develop treatment strategies such as cognitive behavioural therapy for the management of anxiety and depression.